

Team Registration Form

Submit by Thursday, July 16, 2007

Please choose which year your team belongs to.

Is your team part of the AzTEP Grant?

	Year 1	not applicable	
	Year 2	Yes	No
	Year 3	Yes	No

Team Members

Name (Team member acting as contact/leader)	Title
Email	Telephone
School/Agency	Special Accommodations
Address	\$1,500.00 or \$1,100 if waiver letter attached

Name	Title
Email	Telephone
School/Agency	Special Accommodations
Address	\$1,100.00

Name	Title
Email	Telephone
School/Agency	Special Accommodations
Address	\$1,100.00

Name	Title
Email	Telephone
School/Agency	Special Accommodations
Address	\$1,100.00

Name	Title
Email	Telephone
School/Agency	Special Accommodations
Address	\$1,100.00

Name	Title
Email	Telephone
School/Agency	Special Accommodations
Address	\$1,100.00

TOTAL 2007-2008 Team Fees:	
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Billing Information

Bill To	
Address	
City, State Zip	

Reproduce this form if you are registering more than six members